

Directions for Using Medical Statement Forms

When a foodservice manager is asked to make a menu substitution for a student, it is the responsibility of the parent/guardian making the request to submit a properly filled out and documented medical statement form.

The federal regulations state that “schools shall make substitutions in foods . . . for students who are considered handicapped . . . and whose handicap restricts their diet. Schools may also make substitutions for non-handicapped students who are unable to consume the regular lunch (breakfast) because of medical or other special dietary needs.” See the following page for a definition of a handicapped person.

In simple terms, this means that if a student has a documented disability that restricts their diet, the school foodservice department **MUST** make the substitutions as listed by a licensed physician on the medical statement form.

If, however, a request for food substitutions is made for a student without a documented disability, the school foodservice department **MAY** make the substitutions listed on the medical statement form signed by a recognized medical authority. Examples of recognized medical authorities include: physician, physician assistant, nurse practitioner, registered dietitian. In most cases, the special dietary needs of a non-handicapped student may be managed within the normal meal service when a well planned variety of nutritious foods is available to them, and/or “offer vs. serve” is available and implemented.

Two forms are available for use when special food substitutions are requested for a student. For a student with a handicap, the “Medical Statement for Student **With** a Disability” should be used. For a student without a handicap, the “Medical Statement for Student **Without** a Disability” should be used.

Please contact a School Meals Consultant at 517/373-2077 if any additional information is needed.

Definition of Handicapped Person

7 CFR Subtitle A, Section 15b.3 Definitions

(i) “Handicapped person” means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

(j) “Physical or mental impairment” means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairment; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.

(k) “Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working;

(l) “Has a record of such impairments” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

(m) “Is regarded as having an impairment” means (1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; (2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairments, or (3) has none of the impairments defined in paragraph (j) of this section but is treated by a recipient as having such impairment.

Office of the Secretary, USDA

Medical Statement for Student *Without* a Disability
Requesting Special Foods in Child Nutrition Programs

Student's Name: _____ **Age:** _____ **Grade:** _____

Name of parent/guardian: _____ **Phone Number:** _____

Description of child's medical or other special dietary needs that restrict the child's diet:

Foods to Omit:

Foods to Substitute:

Other information regarding diet or feeding: (provide additional information below or on back of form or attach to this form).

Signature of Medical Authority

Office Phone Number: _____ **Date:** _____